



User Access to Financial Institution eLevy Account

The completed form should be returned to:

Mail: Financial Record Matching & Levy Unit
Wisconsin Department of Revenue
PO Box 8901
Madison WI 53708-8901

Fax: 608-223-6541

Email: DORFinancialRecordMatching@revenue.wi.gov

*** Required Field**

Financial Institution Data			
Name of Financial Institution*			
Levy Delivery Mailing Address			Levy Processing Fax Number ()
City	State	Zip	
Primary Levy Contact Name	Email		Phone ()
Secondary Levy Contact Name	Email		Phone ()

Request Type (*check all that apply*):

- ☐ Grant new access to eLevy account for _____
(print name)
- Has this user created a Logon ID and Password?
- ☐ Yes
- ☐ No
- ☐ Revoke access to eLevy account for _____
(print name)
- ☐ Send a list of all users with access to our eLevy account to our master user.
- If you are unsure who your master user is, please contact DOR at 608-327-0477.
- ☐ Change our master user to _____
(print name)
- Requires signature by current master user or
a signed letter from an officer authorizing the change.

Master User Signature*	Date*
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